



Homeowner and Renter Property Tax Assistance Complaint Form

Use the space below to describe your complaint. Please be as specific as possible. If you need more space, use the back of this form.

YOUR NAME *(please print or type)*

MAILING ADDRESS

CITY

STATE

ZIP CODE

DAYTIME PHONE

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SOCIAL SECURITY NO.

Type of assistance you applied for *(check one)*

☐ Homeowner

☐ Renter

CLAIM AMOUNT

CLAIM YEAR

DATE OF BIRTH

If you want someone to represent you, list that person's name, address, and telephone number below.

NAME OF REPRESENTATIVE

MAILING ADDRESS

CITY

STATE

ZIP CODE

DAYTIME PHONE

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If you provided information for a representative, have that person sign and date below. If you do not have a representative, you must sign and date.

SIGNATURE

DATE

Mail this form to Franchise Tax Board, PO Box 942886, Sacramento, CA 94286-0904.